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Clinical Sonography & Telecytology
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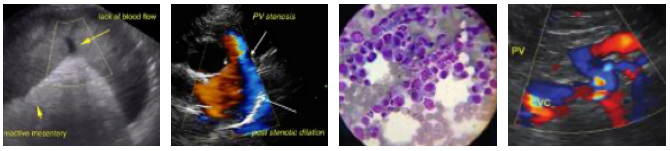

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sophie Rhodes

SPECIES

Canine

BREED

Jack Russell

SEX

Female, spayed

AGE

13 Yrs.

WEIGHT

20 lbs.

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Wehmer

INVOICE

12694

DATE

PRESENTING CLINICAL SIGNS

History: Patient presented 7/19/21 for annual exam with CBC/CHEM/UA/T4/Fecal/4DX and showed ALP elevation along with dilute urine. Increased appetite, started having slight aggression towards house mate. Presented on 10/19/21 for LDDS which came back consistent with Cushing's but unable to differentiate between adrenal and pituitary. Owner wanted to wait on further diagnostics or starting Trilostane until after dental/lumpectomy to remove a mass on the lip that has been growing. Presented 12/13/21 for surgery and unable to proceed d/t equipment malfunction so ultrasound performed instead, pre-op panel performed and ALP still elevated
Abnormal PE/Chem/CBC/UA Results: 7/19/21: ALP - 500 USG - 1.025 10/19/21: LDDS – baseline 4.8, 4 hour post 6.8, 8 hour post 5.0. ALP – 902

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal size (4.58 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (3.74 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.49 cm at cranial pole) (0.55 cm at caudal pole) (1.66 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.80 cm at cranial pole) (0.59 cm at caudal pole) (1.58 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.03 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

Liver

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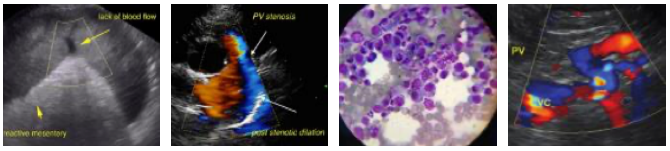

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The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated echogenic debris/sludge, most of which is gravity-dependent and some of which is suspended or adhered to the luminal surface is observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

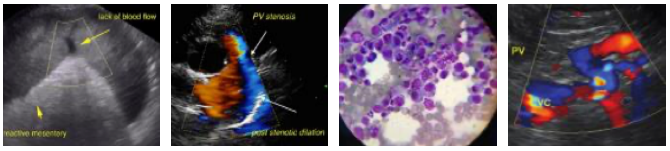
- Borderline bilateral adrenomegaly.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris/sludge- non-mucocele.

Secondary Findings:

- Minor age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the patient is overtly clinical for Cushing's disease, consider initiation of treatment for pituitary-dependent hyperadrenocorticism (i.e., Trilostane). However, if clinical signs are mild, consider waiting until signs are more overt before initiating treatment.



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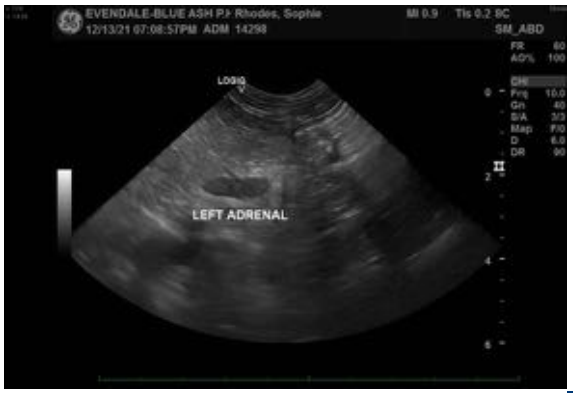
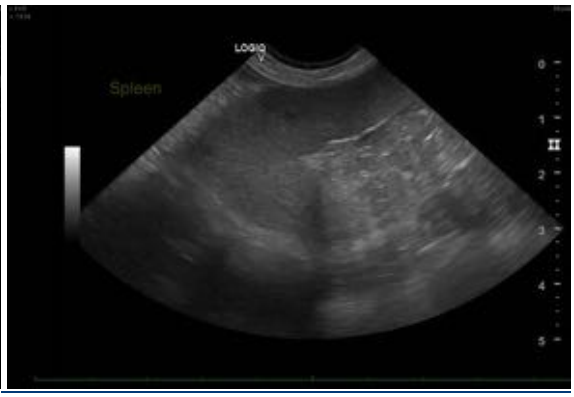
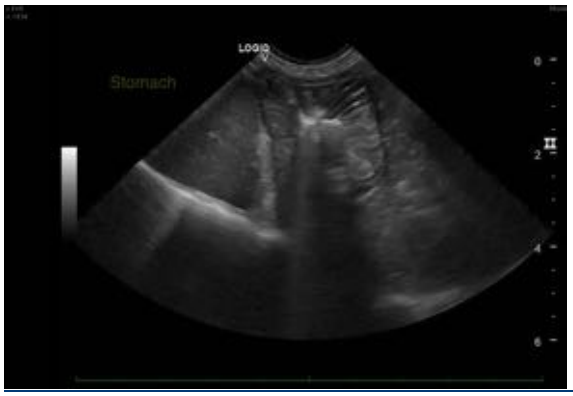
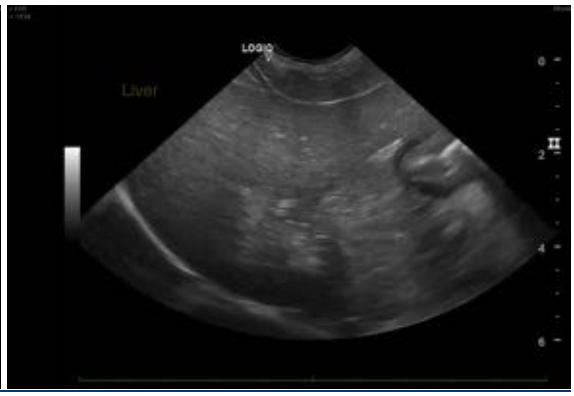
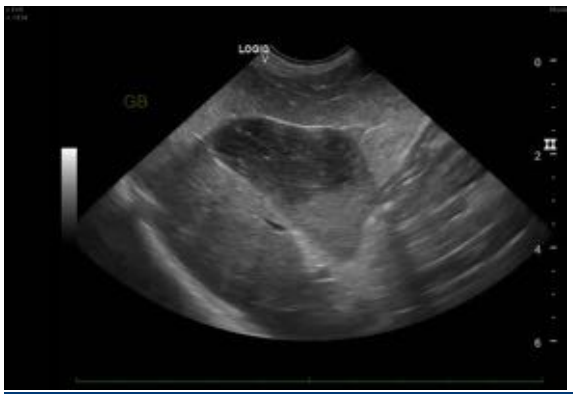
- A baseline blood pressure measurement and UPC (if proteinuria is present) are recommended.
- Given the patient's age, three-view thoracic radiographs should be considered to assess cardiopulmonary status.

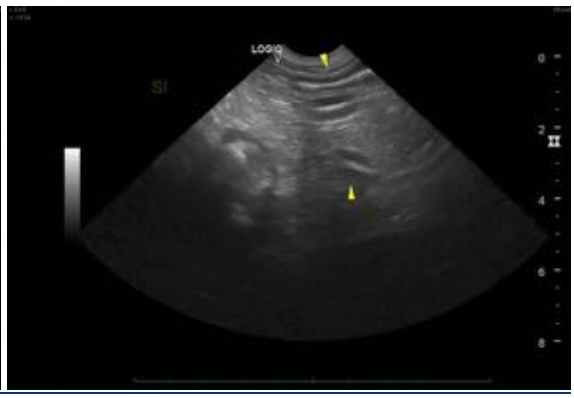












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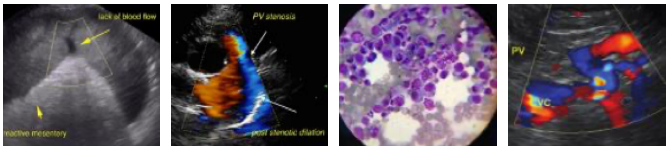

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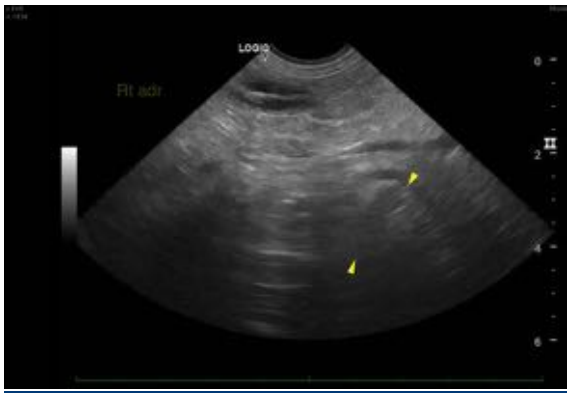

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

Andrea.nicastro@sonopath.com